

2010 ELECTION CYCLE.

Political Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2010 Election

Delbert Hosemann  
 SECRETARY OF STATE



Name of Committee Committee to Re-Elect Lamar Pickard, Circuit Judge

Address P. O. Box 190, Hazlehurst, MS 39083

Telephone 601-894-4061

Fax 601-894-4792

Treasurer Dudley E. Lampton Email etlla@bellsouth.net

☐ Check here if above is different from previous report

**TYPE OF REPORT**

- ☒ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$	\$ -0-
Total amount of disbursements \$	+\$	\$	\$ -0-
Total amount of cash on hand		\$ 1,609.89	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. 923-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-3819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-elect Lamar Pickard Circuit Judge

Reporting period 01-01-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan  
Interest

☒ Other (please specify)

Full name Coplan Bank, N. A.

Date  
(Mo., Day, Year)

Amount of each  
receipt  
this period

4 / 30 / 10

\$ 51.86

Mailing Address  
P.O. Box 190

   /    /   

\$

City, State, Zip Code

   /    /   

\$

Hazlehurst, MS 39083

Name of Employer (Required)

   /    /   

\$

Occupation (Required)

N/A

N/A

Aggregate  
year-to-date

\$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

Amount of each  
receipt  
this period

   /    /   

\$

Mailing Address

   /    /   

\$

City, State, Zip Code

   /    /   

\$

Name of Employer (Required)

   /    /   

\$

Occupation (Required)

Aggregate  
year-to-date

\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

Amount of each  
receipt  
this period

   /    /   

\$

Mailing Address

   /    /   

\$

City, State, Zip Code

   /    /   

\$

Name of Employer (Required)

   /    /   

\$

Occupation (Required)

Aggregate  
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

Amount of each  
receipt  
this period

   /    /   

\$

Mailing Address

   /    /   

\$

City, State, Zip Code

   /    /   

\$

Name of Employer (Required)

   /    /   

\$

Occupation (Required)

Aggregate  
year-to-date

\$